



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Cegavske

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Elections Division

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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JStokes
1/20/2016
#1288

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name ☐ Previous Name of PAC

☐ Other:

Name of Committee: NLVPAC Telephone: 702-384-1120

Mailing Address: 6100 Elton Ave., Suite 1000 Las Vegas NV 89107
Street Name, Number City State Zip Code

PAC Active Email Address: dkern@pbtk.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
Promote Good Leadership to Benefit North Las Vegas

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Michael W. Kern Telephone: 702-384-1120

Physical Address: 6100 Elton Ave, Suite 1000 Las Vegas NV 89107
Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒ Michael W. Kern Date: 1/20/2016
Signature of Registered Agent



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**Committee for Political Action
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:

Michael L. Montandon

Mailing Address:

719 Oakbridge Ct.

North Las Vegas

NV

89032

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Michael W. Kern

702-384-1120

Mailing Address:

6100 Elton Ave., Suite 1000

Las Vegas

NV

89107

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X *Michael W. Kern*
Signature of Representative of Group

Printed Name:

Michael W. Kern

Date:

1/20/2016

Telephone:

702-384-1120